Those who receive the mantle of a rich and noble heritage are expected to perpetuate it.

For those who wear such a mantle and give it no sustenance it becomes but an empty echo out of the past. - WLS
EDITORIAL

Incorporated in this issue of the PROCEEDINGS are several articles which we hope will prove of interest to many of you, if not to all of you. Probably of greatest interest to the greatest number are the four articles which deal with two of our beloved professors, the plan for the new Medical Center and the discussion of the Public Health Building which is in the process of construction.

Down through the centuries, man has devoted unselfishly of his time, labors and money to the furtherance of science, particularly the science of medicine. Perhaps this is the outgrowth of the innate desire to preserve human life, but whatever be the motive, there have never been greater or more illustrious martyrs to any cause than to that of medicine. The two men whom we salute in this issue have...
well made the sacrifices which have placed upon their heads the wreaths of laurel. To both Dr. Sydenstricker and Dr. Sherman, their profession has been the giving of their time, knowledge and labors to the betterment of mankind, either in the classroom or the sickroom. How fortunate are those who have been the recipients of their care, for the accumulative years of their training and experience would almost embrace a century.

The new medical center and the Public Health Building are also an evidence of the thought, planning and money which man has generously given to make possible the necessary facilities for the practice of medicine. These edifices will be a source of pride for all Georgians and particularly Georgia alumni. They will contain the most modern equipment and make use of the most recent advances and discoveries—all for the alleviation of man’s illnesses.

Also in this issue of the PROCEEDINGS, most of you will be introduced to a new organization—The Student American Medical Association. This organization, first suggested by Dr. G. Lombard Kelly, is sponsored by the A. M. A. Perhaps the first reaction of most of you will be “Oh, No! Not another medical society! They will get enough of that later”. Possibly this attitude and preoccupation with their own problems caused the A. M. A. to ignore, despite Dr. Kelly’s warnings, for some years the need for such an organization.

Before the S. A. M. A. was organized, one or more associations of students and interns were growing in size and led by small but organized groups, were promoting or advocating programs not in keeping with our ideals of medicine. Only after adverse publicity concerning one such student organization, was the need for the S. A. M. A. fully realized. The S. A. M. A., in its infancy, is deserving of the wholehearted support of all medical societies.

The alumni of the Medical College of Georgia can be proud of Dr. Kelly’s part in the organization of the S. A. M. A. They can be proud, too, of the fact that this school was a charter member of the organization and the first to have one hundred per cent student membership.

In passing, it may also be of interest to you to know that the Medical College of Georgia figured prominently in the organization of the American Medical Association as far back as 1835. According to Prof. W. T. Sedgwick’s editorial, THE MARTIN LUTHER OF MEDICAL EDUCATION, (1.) which appeared in Volume 76 of the
J. A. M. A., Dr. Joseph A. Eve of the Medical College of Georgia was probably one of the first in the profession to conceive the idea of reforming the then prevalent laxity of medical education. It was from this reformation that eventually evolved the present American Medical Association. To quote from Prof. Sedgwick's article:

. . . . . "The friends of reform were soon convinced that definite results could follow only concerted action. The first effort to secure such action was made by the faculty of the Medical College of Georgia. In May 1835, the faculty sent a letter to all the medical colleges suggesting 'calling a convention of delegates from all the colleges in the Union to devise some general plan and adopt a system of education which should be uniform throughout the United States. It was 'suggested that the determination of the time, number of delegates from each college, etc., should be referred to the faculty of the University of Pennsylvania, the oldest medical school in our country'. Failure of the University of Pennsylvania to act, it is alleged, arrested the movement. Joseph A. Eve, then 30 years old, who was probably the prime mover, says 'that from some few of the colleges, answers favourable to the enterprise were received; others declined cooperation; a third portion made no reply, evincing thereby no disposition for reform'. In 1836, Eve wrote an earnest plea for the reform of medical instruction in the United States. He took issue with Professor Jackson of the University of Pennsylvania, who acknowledged the need for improvement in various directions, but believed it was not for the present generation to undertake the reform. Eve impatiently exclaimed: 'How long would this distinguished professor delay the reformation? The spirit of the times calls aloud for reformation'.

Even though most of the ears that heard Eve's plea for reform were not receptive to the idea, James Moultrie in 1836 and the Medical Convention of Ohio in 1838 both emphasized the need for correcting the existing defects of medical education at that time. These resolutions were also voiced by Daniel Drake in a treatise of the American Medical School, which was published in the WESTERN JOURNAL OF THE MEDICAL AND PHYSICAL SCIENCES, in which he too, urged the University of Pennsylvania to issue the invitation to the convention. However, the "oldest medical school" in the country was indifferent in the fight for advancement in medical education and left to other sources the burden of carrying the banner of reformation.
It was not until 1847 that even the embryonic structures of the A. M. A. appeared. This was largely the result of a persistent effort on the part of the New York State Medical Society, which met in 1846 in New York City at a convention that represented medical societies and colleges from sixteen states and out of this grew a committee appointed to erect a permanent organization. The A. M. A. was conceived and through the years it has carried the battle flag to raise the standards of medical education.

In speaking of the crusade for a reformation and thus the formation of an organization to assure such a renaissance, it is most interesting to see the extent to which Dr. Eve went in his plea for it. He spared no means or methods, and often dignified this pioneering by comparison with the reformation in religion—a likely comparison, since next to theology, medicine certainly ranks second. The two sciences encompass the whole man—religion, his spiritual side; and medicine, his material or physical side. So, even though the facts are little known, one who reads the history of American medicine and its present defender, the American Medical Association, may well see in Eve and his contemporaries, a true analogy to Martin Luther and the reformers of the Middle Ages.

To quote from Dr. Joseph A. Eve (2.) who states that, "the spirit of the times calls aloud for reformation—the rapid march of the intellect—the numerous important discoveries and improvements in the arts and sciences require it now, and ere long the voice of a more enlightened people will demand it, but shall our colleges wait until an indignant people, provoked by ignorance and incompetence of their graduates, demand it?"

"Is not the widespread of empiricism in our country indubitable proof of the degradation of the profession, and of the necessity for improvement? Where should the origin and whence the emanation of this reform?—in the colleges themselves? or among the people? With whom commenced the Reformation? the priesthood? the people? And the temperance reformation—the glory of our age and nation—with whom did it originate? Did the temperate, the moral and the pious, with folded arms and unavailing lamentations, bewail the awful ravages of intemperance, and wait for his victims to commence the reform, or defer the glorious enterprise for generations yet to come? No, it is not thus with the spirit of a Luther or a Melancthon. When the light breaks in and the evil stands
revealed, the true reformer, with a noble, daring and heaven-kindled flame of holy zeal, that danger cannot damp, and nought but death extinguish, asks no further omen, but unconquerably firm, resolves on reformation, or a martyr's grave.—For the correction of evils we should certainly look to those whose exalted position affords them the best opportunity to perceive, and the greatest power to reform them; and therefore, this distinguished professor has not discharged his duty to science and society, in merely 'shewing the necessity of a radical reform' and waiting for 'a rising generation' to undertake it.

. . . "How limited, how imperfect is the course of instruction in the medical schools of our country compared with that of Paris, in which the faculty consists of twenty-four professors and twenty-four agreges or adjuncts, and the period of attendance on lectures requisite to render a candidate eligible to a degree, comprises four years.—How defective, how small in comparison are the provisions and requisitions of the colleges in the United States? That medical schools are on a better footing in France, than our own country, or any other on the globe, is chiefly attributable to the greater liberality of the French government, in creating and cherishing literary and scientific institutions. In the annals of history, no government in any age has ever been so munificent in the promotion of science and literature. The professorships in Paris schools, are endowed by the government, and every possible facility and advantage afforded for the prosecution of every department of medicine; but we must not attempt in this place to recount all that France has done to facilitate the acquisition of knowledge, and advance the medical sciences to the highest state of perfection. . . .

"This (the shortness of the term) which we regard by far the most important and radical defect, has been partially but imperfectly corrected by the Medical College of Georgia, whose course continues six months, fewer lectures, (three, at most four) are delivered each day, all in the forenoon; the whole afternoon may be devoted to dissection and the evenings to reading . . . But the length of the term has deterred and doubtless will always deter many from attending the lectures at this college, whilst others pursue the old system; for important and as obvious as are the advantages
of the prolonged term, unfortunately, alas! for the honor of the profession and the good of humanity, too many students desire no more—aspire no higher than to obtain a degree in as short a time, and with as little exertion as possible—content to practice the honourable and exalted profession of medicine, scarcely less disgraceful than professed empiricism. —Such will always go where they can procure a diploma, the object of their highest aspiration, most easily. Such alumni can only reflect discredit and disgrace on their alma mater, and therefore should not be desired by any college.”

Thus, from the pen of Professor Eve and from other literature pertaining to the organization of the American Medical Association, it is readily ascertained that the faculty of the Medical College of Georgia was forever zealous in their insistence for a reformation—a reformation aimed at the lax curricula but resulting in a concerted, unified and integrated governing body, which, today, is our American Medical Association.

... “And so the struggle which has brought about our medical reformation was initiated in the South, was taken up in the Great Lakes region, and later reached the eastern part of the country. In the struggle we cannot distinguish a Martin Luther, but rather in Eve “a voice crying in the wilderness”, in Davis “an apostle to the Gentiles”, a preacher and writer of epistles, and with them and after them a large group of apostles, too numerous to mention”. (1.)

Therefore we can all be proud of the place that the Medical College of Georgia has played in the unification of medical education, in the past, the present and we hope, in carrying the banner in the future. Examples of the pioneering spirit as exemplified in an Eve and a Kelly make their mark contemporaneously, but leave for the readers of history the true appreciation of their efforts. So as we now revere the part that Dr. Joseph Eve had in the reformation of medical education and in the formation of the American Medical Association, so in the future, light will again be focused on the Medical College of Georgia when the annals of the Student American Medical Association include the name of Dr. G. Lombard Kelly. (MPH)


COMMENCEMENT ADDRESS GIVEN BEFORE THE MEDICAL COLLEGE OF GEORGIA, JUNE 7, 1952, BY WILLIS J. POTTSES, M. D.

THE MOTIVE

Mr. President, members of the graduating class, faculty, parents and friends. It is a pleasure to be here again and an honor to give this commencement address.

Your president's letter, so kind and friendly, asking me to give this address was accepted without hesitation. I accepted it because I had been here a year ago to give a routine medical talk and liked the faculty, was impressed by what is being done and felt the eager invigorating atmosphere of the student body.

Every speech must have a title and every sermon must have a text. This one belongs to the group that must have a title and here it is—very simple and prosaic—The Motive. Webster defines motive as "That within the individual rather than without which indicates him to action: any idea, need, emotion or organic state that prompts to action." To me motive is that indefinable and immeasurable something which guides men along a certain course. It may be a minor stimulus impelling only to provide food and shelter or it may be a major dominating force driving one relentlessly to achieve and add to the sum total of human knowledge and betterment.

The motive under discussion first manifested itself when you chose to go to medical school. Why do men wish to study medicine? Why do men compete furiously for the legal privilege of answering the phone at 3 A. M.? I got the answer by asking medical students in secret polls this simple question, "Why did you study medicine?". They wrote their answers and handed them in unsigned. Medical students are the same all over, so do you want to know, now that you have done, it why you did it? In answering the questions some students mentioned more than one reason, so the total adds up to more than 100 per cent.

The motive that prompted 45 per cent was service to humanity, a desire to help people and do something worthwhile. Forty-two per cent chose medicine because it is an interesting, fascinating and worthwhile way to make a living. The rest studied medicine for various reasons: doctors in the family, interest in science, hope for prestige, etc. Fifteen per cent saw in medicine a means of making a good living, however, only 6 per cent named financial ambition as their sole aim. That 6 per cent is in for an unexpected jolt.
That's why you decided to study medicine and the reasons are good. After this decision you had to choose a medical school. Because you are citizens of this state naturally you chose this university and you have chosen wisely. The roots of this medical school have been burrowing down in good soil for a hundred and twenty-five years. This is the first medical school in the country to recognize many years ago the need of lengthening the period of study. It is good for a medical school to have and to keep bright the heritage of such men as Anthony, Dugas, Campbell, Eve, Ford, Garvin, Means and a host of others. What is equally, if not more important, is to cherish the faculty you have today.

We must stop a moment to go back to one of your sages, Alexander Means, who addressed the students in 1847. There were masters of oratory in those days. I can imagine this patriarch with a long Prince Albert coat, high collar, sideburns, and a shock of long gray hair. In speaking of the basic sciences he included a paragraph on electricity, "Mind you all studies are still being done by candle light. In former ages this whole interesting region of electricity and the cognate sciences lay profoundly submerged in the depths of popular and professional ignorance. All was one wide vast waste of waters where the ark of speculation floated on in its devious and doubtful course. But time has made its steady progress. The deluge has begun to assuage the pioneer dove, which had once and again been dispatched by philanthropic enquiry, only to return on drooping wings from her cheerless flight, has at length appeared with the olive leaf in her beak. Summit after summit now peers about the flood, until a hundred lofty peaks are glowing in the sunshine of science and the ark is seen settling on the ararat of truth."

There were giants in those days.

If ever I give another commencement address—which is doubtful—I shall presume to speak on what makes a medical school. The dean may be here so I'd better be careful. Just one observation—beautiful stone, spacious corridors and gleaming laboratories do not make medical schools and affiliated hospitals. A medical school is made up of men—an inspired faculty and imaginative trustees. Having these assets the necessary buildings follow and thereafter one can't keep medical students away. And that is the second reason you are here.

When outlining this talk I asked my son who is a postgraduate student at the University of Chicago what I should say to the graduating class. He rather facetiously said, "Oh, give them the usual old
blah one always hears from commencement speakers. How the ships are loaded with cargo and about to put to sea and the rest is up to the captains.” Oddly enough there is a grain of truth in that flippanct statement. One can’t help but smile when looking at the way the ship is loaded—a jumbled mass of cargo, valuable pieces stuck away in cubby holes and insignificant items in the choicest locations. If one could look at the bill of lading one might well find persistent occiput posterior crated with opisthotonns, angina pectoris with disease of the breast, and tunica vaginalis boxed with the uterxs and adnexa. What a lifetime of work to sort and rearrange. It is distressing to the faculty to think of the amount of stuff that will have to be thrown overboard in years to come.

You are loaded to the gunwales with information and now the most delightful period of sailing lies immediately before you—the internship. To me it was the happiest time of my life. It offered the first opportunity to apply what had been learned in books and to assume responsibility for the care of sick people. Of course, I interned in the days when there were not a dozen residents cracking the whip over my head and telling me exactly what to do. The internship is the period in one’s training when facts begin to take form and a meaning for all study presents itself. It is during that period when the mind is still pliable and receptive to all ideas that the hospital attending staff carries its greatest responsibility.

Cultivating a few fundamental motives is of such importance to later practice or choice of residencies that I yield to the impulse of emphasizing them once again.

Integrity—Of course, I am not referring to the dollar and cents idea—you are way beyond that—but to the honesty of observation and recording which applies to interne and attending man alike. For example, one writes a careful history, does a physical examination, and after getting other pertinent information writes down on the chart in ink the diagnosis. If correct what a victory! If wrong what a lesson—and one not soon forgotten. You can’t be right all the time—the attending man isn’t. It is good for the soul, even of the attending man, to admit at times before the patient that he doesn’t know what’s the matter.

I remember a mistake I made while an interne. It might have been possible to cover up and get away with it. After a night of fitful sleep I decided to confess. The attending man listened and then said, “I once made the same mistake myself. That’s the way we learn.” I didn’t like him after that—-I worshipped him.
Enthusiasm—I'd rather have on my service an enthusiastic man who was a C student in school than an A student with an indifferent, supercilious attitude. Enthusiasm literally covers a multitude of sins. When every case is interesting—even the nervous spinster with backache, headache, constipation and sore feet, the attending staff can't help but take note of the man's work. A patient came in for diagnosis of questionable tuberculosis of the kidney. Without prompting, the interne got some catheterized urine one evening, spun it down, stained it and searched long for tubercle bacilli. About 12:30 A. M. he found a clump of typical acid-fast bacilli and couldn't wait to report it until morning so he called up and literally shouted over the phone, "I found TB." Without even applying he was eventually offered the head residency.

Friendliness—Sick people are so helpless. Patients are human beings and never more so than when they enter a hospital sick, worried, and ill at ease. They crave a friendly listening ear. There are so many patients—especially old people—for whom little can be done physically but how they love on evening rounds to have you sit down and listen to their troubles. The old ladies are dying for attention and a pat on the hand will make them sleep better than nembutal. Oh my, there is much in the practice of medicine that's not written in the books. Beware of becoming so infatuated with diseases that there is no time for the person who has the disease.

Hero Worship—There is always some man on the attending staff who happens to have exactly the characteristics which seem worth emulating. Pick out such a man and stick to him like a leech. Respectful mimicry never made one lose one's identity. Quite the contrary. The closer the association the better the chance of inoculating one's self with the desired characteristics. This personal reference I have often repeated as a compliment to Dr. D. B. Phemister. When I was his interne I literally worshipped him and dogged his footsteps. Incidentally, had it not been for that association with Dr. Phemister and the contagion of his interest in research I probably would never have continued investigative work. He had a habit of holding his head to one side. I often caught myself doing the same thing when walking down the corridors. Fifteen years later my daughter was studying me one day and said, "Daddy, you know what, your head's on crooked." That hero worship really took.

Time will move on so quickly—the internship is over too soon and another decision is confronted. To specialize or go into practice. The
motive again makes the decision so simple—it is either to know a lot about a little or a little about a lot. There is no position in the world grander than that occupied by a capable, honest, beloved general practitioner. At the same time, since medicine has grown so huge, it is absolutely essential to have specialists in every branch of medicine. Much happiness and satisfaction will be found in both.

I said to one of the interns nearing completion of his eighteen months' service, "What are you going to do when you are through?" He answered without a moment's hesitation, "I know exactly what I'm going to do. I'm going to a little town in Wisconsin to practice. I'm going to get married and have a bunch of kids. I'll be practicing in a town near good fishing in the spring and good duck hunting in the fall, and I'm going to stay in that town all my life." Lucky man! Fortunate that person who knows what he wants, goes after it and when he gets it finds that it is good and is content. When lecturing to medical students I often say, "Remember this one point and forget if you wish all the rest." So I repeat, fortunate the person who knows what he wants, goes after it and when he gets it finds that it is good and is content.

And finally the day of all days arrives whether the choice has been general practice or specialization; when the card goes out which says, Dr. John Doe announces the opening of his office. Address, office and house telephone numbers are carefully and hopefully listed. This beautiful mythical ship we spoke of—so well loaded, sets out to sea and what happens? Nobody notices the trim prow, the furled sails, or the handsome gracious captain.

About one month after I opened my office I had built up a practice of four patients when catastrophe befell me and in one day I lost three fourths of it. The old man with heart disease died—the woman with backache went Christian Science and the boy with a sprained ankle got well. That left me one man with a stricture which I ironed out faithfully once a week at three dollars an ironing. About then I got a call to go to the outskirts of town to see a boy with high fever and delirium. I steamed out in my second-hand Chevy weighed down with knowledge of the ages. Clutching the little brown bag I went up the walk to snatch this child from the jaws of death. The ten year old boy had a fever of 105.4 degrees and obviously was very ill. There was a large red, slightly raised, sharply defined area on each side of his face starting at the nose. Both lids were edematous. The skin was peeling a bit where the infection had begun a couple of days earlier
but at the point of advancement the edge was sharp and very red. I examined the boy most professionally and after finishing knit my brow and looked as ponderous as my youth would allow. Grandma who had been standing by looked up and said, "Looks like erysipelas, doesn't it?" God bless grandmothers! In a flash it was all clear—a description of that disease had been one of my final examination questions. With great dignity treatment was prescribed and the boy recovered in spite of it.

A little time and a little faith and a practice becomes established often much more quickly than anticipated.

Doctors just getting started in practice are full of hope and enthusiasm. One admires their faith in humanity and their naivete' about the affairs of a highly competitive and not too civilized world. The lofty ideals of student days are going to be jostled by unexpected and inevitable blows. The average doctor begins the practice of medicine with the usual sound background of parental training, good associations and fine examples of college and medical faculty, but he is no paragon of virtue, no rock which can withstand all tremors. He's just a human being with all attributes of the human race only a short time out of the caves and jungle. Decisions will have to be made and it might be wise from time to time to polish the motives to avoid the slow stain.

Take the matter of money—Let's be practical. The first essential for a doctor is to make a living for himself and his family, but what's a living? There is a wide difference of opinion. Is it a $75,000 home on a hill with three servants, two Cadillacs, and membership in Bobby Jones' Golf Club, or is it a modest home with roses at the door and a Buick in the garage? What does a patient represent—as many dollars as possible with reasonably good service or as good service as possible with reasonable monetary reward? It's as simple as that. Does every worried patient who walks into the office with diffuse complaints get x-rays of the stomach, colon and gallbladder and an x-ray of the chest—if the doctor has his office equipped with an x-ray machine? I don't know. Each man has to make his own daily decisions in accordance with the carefully determined needs of the patient and the motive that prompts his advice.

I have little more respect for the doctor who never sends a bill than for the doctor who charges too much. The latter, however, is the real menace to the private practice of medicine and his overcharges are one of the prime factors in the advance of socialized medicine.
Perhaps there is no such thing as fee splitting in Georgia—there is in Illinois. It is an ugly thread which will destroy the pattern of good practice as surely as night follows day. Easy money never was and never will be anything but a menace.

Carlson, captain of the Enterprise which floundered off the coast of England a few months ago, became a hero when he insisted on staying with his ship. He did only what he thought was his duty but because of tremendous newspaper publicity became an international hero. As a result he received offers of hundreds of thousands of dollars to sponsor certain products. He refused them all and this was his answer, "I want to feel when I bring home my paycheck that I have earned it!" That statement should be cast in bronze and hung in every conceivable place in this country. It might not be out of place in the doctor's inner office.

Recreation is a subject about which I can speak learnedly because I have never taken enough and regret it. I believe doctors who can never get away are either so egotistical they feel that patients are dependent upon them alone, or they can't bear to miss a good case. If any group of men gets into a rut, it's doctors. They must get away to sharpen their perspective and give their ear a rest from the jangling of the boldest, most insistent instrument of the devil—the telephone. A patient called me one night and said, "Doctor, I can't sleep." I answered, "Now there are two people who can't sleep" and hung up. That is no way to build a practice. When one does that he should go on a vacation. Patients will respect the doctor who cares for his own health and remains on speaking terms with his own family. Yes, the doctor is essential, but not as essential as he thinks he is. I was away almost four years during the past war, and the truth hurts, nobody missed me—they just got another doctor.

It's wonderful to play golf, that is, if one has a steady, easy going disposition equipped with temper control. How much should one play? A score always in three figures is annoying, I know. On the other hand, is such a lone epitaph worthwhile—he shot a 68?

Study—The day's work is done. What shall it be, a medical journal or the Saturday Evening Post? On a quiet day shall it be a review of the medical or surgical literature pertinent to the case at hand, or a crossword puzzle? Shall the pamphlet of a detail man furnish the necessary information on the use of various types of digitalis with a few free samples thrown in as a stimulus or shall it be a dissertation on the pharmacologic properties of the various derivatives of digitalis and
their physiologic action upon the heart? It's a constant battle between relaxation with the inevitable spoilage of that mythological cargo and the daily effort of resorting, rearranging and adding to those very precious crates of knowledge. The kids want to go on a picnic, your wife wants to go to the movies. You'd like to play poker. The inner spirit whispers in a still small voice—this is the night set aside for study.

A few weeks ago a young doctor in Peoria sent us a 5 year old child with congenital heart disease. In fact, he came along with the patient, not because it was a wealthy family, but because he wanted to be on hand when he hoped the diagnosis might be confirmed. The child had been brought to him because of a sore throat and besides attending to that the doctor listened to the youngster's heart. Think of it! He examined the child when all it had was a sore throat. He listened to the heart and he heard a rasping, continuous murmur the like of which he had never heard before. He asked the folks to come back another day and off he went after the books on heart disease in children. The next time he examined the youngster he identified the murmur, had x-rays of the child’s heart and an electrocardiographic tracing and made a diagnosis of patent ductus arteriosus. You should have seen the light and glow of pride in that man's eyes when we confirmed the diagnosis. You can't stop a fellow like that. Far more lasting pleasure in that victory than in the momentary thrill of filling an inside straight.

All of the great discoveries are not made in a highly endowed laboratory equipped with every newest device known to science. Many discoveries have been made in the simplest nook hardly worthy of the name laboratory and not a few have been made at the patient's bedside using only a sharp eye and a discerning ear.

I would like to suggest to you a word of which I am very fond—serendipity—a euphonious word which means the gift of finding valuable or agreeable things not sought for. Horace Walpole coined this word in a letter to Horace Mann after reading a book published two hundred years ago, “The Three Princes of Serendip”. These three princes were sent out by their father to see the world and they made it their policy to see not just the obvious but the things ordinarily missed. The finest modern example of serendipity occurred in the discovery of penicillin. Fleming looked at some petri dishes in which staphylococci were being grown. He saw in these dishes a mold which had overgrown and killed the staphylococci. Hundreds of observers
had seen the same thing but he saw something by chance or sagacity for which he was not looking and today we have penicillin and the other antibiotics. So long as the world lasts, intelligent serendipity is free to all.

On summer Sundays when I was a child and the sermons were long and the pews were hot and sticky I waited eagerly for these words, "and now in conclusion". That was the signal to stop squirming and listen so that I could later answer the question, "What was the sermon about?" So, in conclusion, you are about to begin the practice of medicine and that's what you'll be doing the rest of your lives,—thirty, forty, or fifty years. The question I have often asked myself and ask more frequently as time speeds on? How will it look at 65? Perhaps it would be well to begin asking this question early so that one may reevaluate the motive from year to year. Right now to you the road ahead looks smooth and inviting. No reason in the world why it should not remain so because you are in one of the most soul-satisfying professions in the world. Disappointments, errors of judgment, misunderstandings, jealousies and stupid mistakes are bound to dot the way. We are just human beings in the practice of medicine. Honors, degrees and even legitimate wealth may be your good fortune. Nothing will compare in value with the letter you will someday receive from a little child printed in an awkward hand, "Thank you, doctor, for making me well."
The speaker's table at the luncheon given in honor of Dr. V. P. Sydenstricker's thirtieth anniversary with the Medical College of Georgia. Reading from right to left are: Dr. G. Lombard Kelly, President; Dr. Nathan Reeves, Instructor in Medicine; Dr. Charles W. Hock, Assistant Professor of Medicine; Dr. Sydenstricker; Dr. Curtis Carter, Assistant Professor of Medicine and Dr. William J. Cranston, Professor of Clinical Medicine.
Dr. Virgil Preston Willis Sydenstricker, Professor of Medicine at the Medical College of Georgia, was honored on June 2, 1952 by his colleagues at a testimonial luncheon celebrating the fact that he has served as professor of medicine at the College for the past thirty years.

Dr. G. Lombard Kelly, president of the College, in presenting to Dr. Sydenstricker the Certificate of Merit "for outstanding work in the field of medicine", said that Dr. Sydenstricker is the only full time professor in the United States who has held the chair of medicine for 30 years.

"Never has the chair of medicine been filled with more distinction", said Dr. Kelly. "He has won renown not only for himself but has shed glory on his colleagues and the State of Georgia."

Gov. Herman Talmadge, who was unable to attend the luncheon, sent a letter which read as follows:

"Previous commitments make it impossible for me to be present on the occasion of the testimonial luncheon to you, and express in person the grateful appreciation of the citizens of our state for a job well done. Many have found inspiration in your leadership; many more will find a worthy example in your fine record.

"Thirty successful years in a position of great responsibility is an accomplishment to be proud of and I am happy to add my word of congratulation on your splendid record of service, and my sincere best wishes for many happy years ahead."

Dr. W. J. Cranston, who paid tribute to Dr. Sydenstricker in presenting him with a handsome gold watch, a gift of colleagues, pointed out that Dr. Sydenstricker had come to the Medical College at a time when the school was at its lowest ebb.

"In 1910", said Dr. Cranston, "Flexner recommended that the Medical College of Georgia be closed because of poor equipment and low scholastic standards. The venerable institution, aroused from its deep lethargy, elected Dr. W. H. Doughty dean and began a search for competent teachers. Then came World War I. Soon after the war, a full-time professor of medicine was sought, and Dr. Sydenstricker was found. Into this bedlam of confusion, he came. There were factions and cliques, but with infinite tact and rare good judgement, he began the
building of a medical staff. It was a stupendous task. There were those who opposed his every move, frequently from selfish motives. Too charitable to bear malice, too intelligent to misread their motives, and too big to permit petty jealousies to distract him from his one great purpose, he went serenely along his way.

Dr. Cranston told of how the college was built up, regaining its lost rating, and of the part Dr. Sydenstricker had in it all.

"With the growth of the college", said Dr. Cranston, "we have seen the growth of a man. Coming to an almost defunct college thirty years ago, young, untried, unknown, he has emerged as one of the great medical educators of this country. And yet, he has never lost the common touch."

Dr. Charles W. Hock, acted as Master of Ceremonies at the luncheon.

Dr. Sydenstricker was born in Hamilton, Mo. in 1889. His family home is near Corinth, Miss. He has the Bachelor of Arts degree and a Master of Arts degree from Washington and Lee University and the Doctor of Medicine from Johns Hopkins University. He has done post-graduate work in diabetes at the University of Toronto and in cardiology at Harvard Medical School.

From 1915 to 1917, he was interne and assistant resident at Johns Hopkins. After the war, he served as resident for a year at the University Hospital.

He served as captain of a medical corps in France with a Johns Hopkins unit during World War I.

In 1942-43, he served as advisor to the British Minister of Health, nutritional section. He also served as Colonel in the United States Public Health Service.

Since 1922 he has been Professor of Medicine at the Medical College of Georgia and the Physician in Chief of the University Hospital.

He is a member of the following medical societies: American Medical Association, Southern Medical Association, American College of Physicians, American Heart Association, National Gastroenterological Association, Society for Experimental Biology and Medicine, Association of American Physicians, Nutrition Institute, Phi Beta Kappa and Alpha Omega Alpha. Since 1940, he has been a member of the American Board of Internal Medicine.
Between 1940 and 1943 he was, in successive years, Thayer Lecturer, Johns Hopkins Medical School; Wyckoff lecturer, New York University School of Medicine; Campbell lecturer, Queens University, Belfast, Ireland, where he received the Robert Campbell Memorial medal; and Harvey lecturer, New York Academy of Medicine.

In 1945, he received citations from the United States, the British and Dutch Governments for services rendered during the war and the post war period; also in that year, he was appointed consultant in medicine, Office of the Surgeon General of the U. S. Army. In December 1948, he was awarded the King's Medal (Great Britain) for services in the cause of freedom. In 1949, he was awarded a degree as Master in the American College of Physicians.

Despite all these attainments, the following words show how Dr. Sydenstricker is regarded by those who know him well. The tribute was written by an Augusta physician who prefers to remain anonymous:

"When, for the first time, one meets the Chief in the corridors of the hospital, the impression is gained of a very reserved, very quiet, mildly preoccupied man of the professional type. If you chance to have been his patient or have consulted with him professionally, your impression is of a thoroughly dedicated, intellectual and exceedingly well informed physician. But, if you first meet "Sydie" in his home, or your home, or my home, you see another side of a very versatile personality. The quietness and reserve give way to geniality and charm. One learns that the same man who unravelled a complicated symptom complex is the same as he who ferreted out the last cellared pipe of Scotch in blitzed Britain.

"Sydie" is a modest, self-effacing gentleman and scholar. Retiring, he is not often seen in his home town except at the hospital or his residence. But in medical circles, his name is known and respected throughout the English-speaking world.

"To really know him best, one must see him in his home. He lives in a Tudor type cottage set well back from the street on a well-wooded lot. His study, well isolated from the rest of the house, and presided over by a much-used typewriter, is simply furnished with a work desk and two comfortable chairs. The walls are lined with shelves bulging with books, the most thumbed of which have escaped to the floor. One feels that here a scientist lives and had best be left to his solitude. The living room is informally furnished in period pieces 'done over' by the doctor himself. Planned primarily for comfort, it is obviously lived in. Here with a small group and Mrs. Sydenstricker. "Sydie" is at his charming best. Here, is shown his shy wit, his gentle humor, his skill as a raconteur, his love of the North woods and Southern beaches, the English countryside and the British way. Here lives the Dr. Sydenstricker his friends love."

Mrs. Sydenstricker is the former Miss Olive Thompson of Ontario, Canada. They were married May 28, 1920.
Dr. John ("Jack") H. Sherman, Professor of Surgery.

The above photograph was taken from the portrait which was presented to the Medical College and now hangs in the library.
Dr. "Jack" Sherman
Professor of Surgery

by Dr. Irvine Phinizy

It was early in the summer of 1935. The Blue Eagle was dead. The New Deal was vigorously priming the economic pump. C. C. C. & W. P. A. were bitterly controversial letter groups. The Saar basin had been reannexed to the German Reich. But the economic structure in this country was still far from robust. Sirloin steaks were selling for $121\frac{1}{2}$ a pound, 2 pounds for 23c.

The Medical College of Georgia was struggling for its very life. The previous year it had been removed from the list of accredited medical schools. Dr. Snoke had just resigned in a huff as Superintendent of the University Hospital. Dr. Lombard Kelly, a local professor, turned doctor, turned administrator, had been named by the Board of Regents as the new Dean. He was striving hard with a tiny budget to build a strong school. But the Department of Surgery was lagging. Dr. Ferdinand Lee had been brought down from Baltimore but had remained only one year. Dr. Sam Brock of Chicago had just resigned as Professor of Surgery after serving only a year. Men of reputation and promise were not willing to come to the struggling little college in the deep south. Dr. Pund was doing excellent work in the chair of Pathology and Dr. Burpee was showing great promise in the chair of Pediatrics. With this experience in mind it was suggested that a local doctor be offered the chair of Surgery and Dr. John H. (Jack) Sherman’s name was submitted. He was unknown away from Georgia and would bring no national prestige to the position. But he was known, and respected, and liked by his associates and so with some misgivings he was given the job. It was not long before misgivings were replaced with enthusiasm. For Dr. Sherman demonstrated an executive ability that no one had previously recognized and the surgical service was running smoothly. The administration and the local surgeons were satisfied. From the beginning it was clear that Dr. Sherman was interested in only two fundamental principles: 1. The teaching of sound surgery and 2. The development of surgical judgment. Brilliant technique was a corollary but the emphasis was always on judgment. He considered it the function of the school to graduate adequate doctors who could take care of the citizens of the state. He always subordinated himself to his work. He was never a showman and never vainglorious. Speech-making and writing papers for the journals for the sake of publicity was completely foreign
to his nature. With his students he was quiet and somewhat reserved always generous of advice and counsel. The exercise of discipline came to him naturally. "Disciplinary action" was, on his service, rarely necessary but those who have heard him administer it have not forgotten it.

With his staff his relations were the most cordial. He accorded to his subordinates a freedom of action as far as their training would permit. His guidance and direction were most subtle so that often a staff member would not realize that his opinions and actions were being influenced by the chief. Credit for meritorious action was dispensed not claimed.

In consultation with his fellow surgeons he was most tactful. He strove meticulously to preserve the cordial relationship between patient and surgeon, and to make it appear that any course of action adopted was the decision of the doctor asking the consultation and not his own. The only way he embarrassed his confreres was in rendering his bills—they were always so modest.

It was now the summer of 1942. The ridiculous little man in the brown shirt had grown to be a cruel and tyrannous giant. The world was aflame with war. The armed forces of the U. S. were growing at a prodigious rate. Doctors were badly needed to serve them. The medical schools over the country were striving to turn out more and better doctors faster. The medical professors were badly needed for this job and most were declared essential and were deferred by the procurement service.

But Dr. Sherman made his own decisions. His service was running smoothly and his staff was well trained. He requested indefinite leave to serve in the army. When reluctance was voiced by the medical administration, Dr. Sherman quietly handed down a classical ultimatum. He would go as Professor of Surgery on leave or he would go as a private surgeon without leave. Early in the fall Dr. Sherman left with his leave in his pocket. Soon he was in the South Pacific as Chief of Service and later C. O. of the 8th General Hospital.

After the war he picked up his work where he had left it with the same quiet determination to turn out the best doctors possible.

With the war had come prosperity. The medical school was no longer a struggling institution with insufficient funds with which to operate. The appropriation from the state had been doubled and quadrupled. Allocations from the Federal Government for research
exceeded $100,000 annually. The physical property and the faculty of the school had expanded greatly and finally the decision to erect a great state hospital on its campus assured the permanence and prosperity of the school.

With the growth of the school there was an ever increasing administrative burden placed on the department heads. Dr. Sherman's demonstrated executive ability put him increasingly in demand on committees and boards. More and more time was taken that he felt could be better used in teaching and surgery. So that at the end of the school term just passed he tendered his resignation and vacated the chair he has so brilliantly filled. Fortunate it is for the school and for the profession that his decision will not remove him from the present scene and that his counsels and skills will continue to be available. His friends, his former students and his grateful patients wish him happiness and success.
The Student American Medical Association had its official beginning in December 1950, when the formation meeting was held in Chicago at the headquarters of the American Medical Association. This was the end of a long battle for the formation of this organization which had been incubating in the mind of Dr. G. Lombard Kelly since 1944, when the first official suggestion was made to the Board of Trustees of the American Medical Association by him. In the beginning, the idea was not received with great enthusiasm due partly to the inherent resistance to progress and also to the state of the nation at the time. There was a period of six years before the idea was recognized on a national basis resulting in the crystallization of this great addition to the organization of the medical profession at an undergraduate level.

At the request of the Board of Trustees of the American Medical Association, the formation meeting was attended by representatives of forty-eight schools. This group wrote a constitution which provided for the control of the organization by the students, with close liaison with the medical school, the county and state medical society, and the American Medical Association. An executive authority was formed with thirteen members, ten elected student counselors and three senior counselors appointed by the Board of Trustees. It is noteworthy that one of these senior counselors was Dr. G. Lombard Kelly; this was a fitting tribute to his interest in this organization. One of the student counselors was John Looper of the Medical College of Georgia.

The constitution contains many points of interest, a few of which are in summary:

"The objectives of the Student American Medical Association are to advance the profession of medicine, contribute to the welfare and education of the medical students, familiarize members with the purposes and ideals of organized medicine, and prepare members to meet the social, moral, and ethical obligations of medicine.

"The local organization is to be known as an academic society.

"No academic society may refuse membership on the basis of race, religion, color or sex.

"Each academic society must have an advisory committee which
includes the dean of the medical school or his appointed representative, two faculty members selected by the students, a county and a state medical society representative.

"The annual dues are one dollar per member."

The first Executive Council meeting was held in March 1951, and forty-one local academic societies had ratified the constitution, thus becoming the charter members. One of the two schools to have one hundred per cent membership in the local academic society was the Medical College of Georgia.

It was decided at the July meeting of the Executive Council that a publication of the association should be started, and until such a publication could be started space would be provided in the Journal of the American Medical Association. The first edition of the Journal of the Student American Medical Association appeared in January 1952. This new journal offers articles and editorials written at the student level and is widely accepted as an outstanding addition to the medical literature.

The name of the local organization is the Medical College of Georgia Academic Society of the Student American Medical Association. The organization is such that two bodies govern the activities of the local society, these being the Senate and the House of Representatives. The members are elected from the regularly enrolled students of medicine in the fraternal organizations. The number of members allowed each fraternity is proportionate to their relative size. The officers of the society are to be elected by the student body yearly. The advisory committee is to be selected as outlined by the national organization's constitution.

At last, an organization has been started in which the medical student can voice his opinion on a national level, thus bringing to light many of the problems of medical education from the student's point of view. The problems of the intern and resident program should be among the first to receive special attention, for here a multitude of injustices are being done to the embryonic physician as he attempts to further his education in preparation for the world of medicine. All of these problems and many more could be presented in a manner of constructive criticism, so that all concerned could well be benefited. In addition to the unprecedented opportunity to make known the hopes and needs of the medical student, the association can serve to benefit them by becoming familiar with the organization of the medical profession, from the county society to the national association. Having familiarity with the organization of medicine, it is hoped that the young physician will add fresh ideas, unbiased opinions and the spirit of youth to the medical profession.
Architect's drawing of the new Health Center for Richmond County and the City Council of Augusta.
Several years ago, the Richmond County Board of Health realized a need for larger and better quarters for the rapidly expanding Health Department. The present location at 501 Greene Street was fast becoming over-crowded, thus hampering the operation of a progressive and growing program by the Richmond County Health Department.

In 1946 preliminary planning was started for a new Health Center building with the hope that it would soon become a reality, but due to many difficulties, mostly financial, the dream of a new Health Center did not materialize until this year, when a site for the new building was obtained through the graciousness of the University System of Georgia, the Medical College of Georgia, and the City of Augusta.

The original plans for the new Health Center, drawn by Drummond & Drummond, Architects of Augusta, Georgia, and Jackson, Mississippi, were revised and the building at last began to become a reality. The needed financing was accomplished under the Hill-Burton Act through the cooperation of the Federal Government, State of Georgia, City Council of Augusta, Georgia, and the Board of County Commissioners of Richmond County, Georgia.

The construction of the new Health Center started on the 15th of September, 1952 and completion of the building is expected about the middle of July, 1953. The new building, located on the corner of Harper Street and Bailie Drive, is adjacent to the campus of the Medical College of Georgia and will add greatly to the ever expanding Medical Center now under way in this area. The building will be a concrete and masonry structure of three floors with ample parking facilities for patients and employees.

The first floor of the new Health Center will consist of main and sub-waiting rooms, Social Hygiene office, and workers area including demonstration room and examination room. The dental clinic, X-Ray offices including X-ray room, darkroom and consultation room, and the Venereal Disease clinic including necessary treatment, examination and consultation room, are located in this area. The necessary records and supply storage rooms along with the machinery room and garage for housing mobile X-Ray unit will also be located in this portion of the building.
The second floor will house most of the administrative offices of the Health Department and is accessible to the ground floor by modern elevator or stairs. The office of the Commissioner of Health, Assistant Commissioner of Health, Chief Nurse and nursing offices are located in this area along with the Public Health Engineering offices and the Secretary and Registrar of Vital Statistics. A modern library and meeting room for the Richmond County Board of Health will be maintained on this floor, thus greatly improving the working conditions and space requirements of the modern Health Center.

The third floor, also accessible by elevator, will house all the laboratories of the Health Department, future mental hygiene offices, and lecture room. The laboratories found in this area are water and milk laboratories, general laboratory, culture room, sterilization room, serology laboratory, microscopy, and office of the Director of Laboratories.

SERVICES

Many services will be rendered from the new Health Center by the Nursing, Engineering, Vital Statistics, Dental, and Laboratory Divisions of the Health Department. These services include various programs in communicable disease control, sanitation problems of all types, registration and issuance of birth and death certificates and all phases of Public Health laboratory work.

From the Nursing Offices such programs as case finding, home visits by the visiting nurses, and follow-up of all types of communicable diseases are carried on. The Public Health nurse, also makes monthly visits to the public schools in the city and county to better the health of all school children. These are only a few of the services rendered from the nursing offices and space does not allow for a complete breakdown of the program here.

Many services will be rendered from the modern clinics of the new Health Center which will include immunization clinics held at periodic intervals at the Health Center, and other clinics established at various points in the city and county. Venereal Disease clinics are held three times a week for diagnosis. Treatment for gonorrhea is given by the health clinics when needed and syphilis patients are referred to private physicians for treatment.

The Health Department operates a mobile X-ray unit for case finding of Tuberculosis. Another X-ray unit will also be operated at the Health Center in conjunction with the diagnosis and follow-up of
TB suspects and cases. The Health Department works in close contact with the University Hospital Out-Patient Department for treatment of indigent cases of TB along with many other phases of public health work, including pre-natal clinics, cancer control, and crippled children's services. Many other phases of Public Health nursing too numerous to mention here will be handed by the Nursing Division through the modern clinics and administrative offices. The new Health Center will be a great improvement in the ever expanding services of the Public Health Nursing Department.

In their new quarters at the Richmond County Health Center, the Department of Public Health Engineering will carry on a vastly expanding program of environmental sanitation. A program of food and milk sanitation will be carried on as it has been in the past. This program includes the inspection and grading of restaurants, soda fountains, bakeries, candy manufacturing plants, bottling plants, canning plants, meat markets, slaughter houses and many others. The Milk Sanitation program includes the inspection of dairy farms, milk plants, sampling and bacterial analysis of milk and milk products and the grading of all milk and all milk products. A general program of environmental sanitation is set up by this department. Trained personnel are ready to assist any individual or organization with any problems connected with public health. This includes the inspection and approval of sub-divisions for building of homes and an ever increasing program of housing in the area. The construction and inspection of trailer parks, public camps, the control of public health nuisances and other related problems are handled by this department. A constant check on swimming areas in Richmond County is made by the Engineering Department to insure that safe and sanitary swimming facilities are available. School sanitation is another important phase of Public Health Engineering and includes an accurate and thorough inspection of all schools annually. The department carries on a continuous program in typhus control, fly and insect control. This includes the program of DDT dusting for control of the typhus vector, and recommendations to individuals and organizations for control of rats, flies, and other insects. The program of mosquito control is carried on by a trained crew by attacking the problem at its source in the lakes and streams of the county. The department has available trained personnel to advise and instruct individuals in the proper installations of water and sewage facilities, and also offers an inspection service to assure that these facilities are constructed correctly.
The Public Health Engineering Department will be available in their new quarters for assistance to any person or group of persons and it is urged that the people use these facilities.

In his new quarters the Registrar of Vital Statistics will continue to carry on the all important service of registering births and deaths along with other services as rendered in the past. Along with the duties of Registrar of Vital Statistics, he acts as secretary to the Board of Health of Richmond County which includes the keeping of regular minutes and records of the Board and acting as finance officer for the Department. The duties of the Registrar include the registration of all birth, death, and stillbirth certificates, issuance of all removal and burial permits and the ever important job of compiling and keeping record of the vital statistics connected with public health work.

A full time dental clinic will be operated in the new Health Center and will serve all white elementary schools in the county. It is anticipated that a similar service for colored schools will be completed and in operation in the very near future.

The new Health Center will offer much larger and more modern laboratory facilities than those that now exist and these services are offered not only to individuals, but to private doctors and others in the county. The following is a brief resume of examinations and tests offered by the new laboratory: Kahn Standard test for syphilis, bacterial examinations for the diagnosis of typhoid, dysentery, and other intestinal infections; bacterial and chemical analysis of milk; bacteriological examination of water; agglutination test for typhoid, paratyphoid, undulant and typhus fever; examinations for diagnosis of malaria, gonorrhea, tuberculosis, Koch Weeks, Vincent's angina, and G. C. ophthalmia from submitted specimens; examination of specimens for intestinal parasites; and examination of heads of animals for rabies.

One of the most important functions of the staff and facilities of the new Health Center will be the operation of a rapidly growing training program for all types of Public Health workers. In the past, the program of the Health Department has included an intensive program of training medical students from the Medical College of Georgia and nurses from the University Hospital, and with the new facilities of the Health Center, these programs can be enlarged to take in other groups. Facilities will be adequate to take care of any future programs of field training for all types of Public Health workers.
DEVELOPING A MEDICAL CENTER

Dr. Rufus Payne

Defining a Medical Center involves definition of function as well as design, and the proper proportions of medical specialties are as necessary to bond together the diagnosis, treatment and teaching structure of the center as are the proper proportions of lime, cement and sand to bond together the building blocks themselves.

The most generally accepted definition would be a group of specialized hospitals closely integrated functionally and geographically so that consultation between diagnostic, therapeutic, teaching and research staffs could be applied to every patient admitted. The development of such a center can only be obtained satisfactorily if the administrative control is vested in one body and from a practical standpoint this is seldom found.

It is not difficult to understand the reasons why this should be as it is because it has become the practice, both by necessity and tradition, to assign different functions to different agencies as the medical programs have evolved into their present pattern. With the medical schools confining their activities solely to teaching medical students; with health departments being responsible only for the control of contagious diseases; with research being supported almost entirely by individual philanthropies; with local government units being concerned only with developing the amount of indigent medical facilities that an apathetic public demanded and with voluntary and proprietary hospitals being developed only as rapidly as they could be financed, it is very evident that it could be by a fortunate series of coincidences that any one location could have all these facilities that we consider necessary before we term it a "Medical Center".

In addition to actual physical facilities needed to make a medical center, it is essential to have teamwork that is needed between the various staffs and within the departments of each staff. The staffs of different departments may have offices on the same floor, even sharing space in some instances, but the patients may suffer from the lack of consultation and joint planning for their welfare because of astronomical distances in viewpoints and attitudes.

The development of a Medical Center at Augusta can be accomplished only by recognizing and reconciling these different viewpoints so that the end result will benefit each agency involved by setting up a common goal, namely, the patient.

If we assume that "the patient" refers only to the person who is admitted, or who participates in one of the functions of this center directly, we have immediately developed an attitude so narrow in its concept that failure of the venture is inevitable. To be successful, the Center must develop knowledge, skills and attitudes that will combine with other like tributaries to form an even wider and deeper stream of preventive and therapeutic programs that will, in due time, afford to all mankind that measure of good health and freedom from diseases that we know can be attained.
Front view of the proposed Administration Building taken from the artist's sketch by Scroggs and Ewing.
Architect's Drawing of the future EUGENE TALMADGE MEMORIAL HOSPITAL, Augusta, Georgia.
While the development of this center has been spearheaded by individuals, its attainment is due to the combined efforts of medical, legislative, educational and social agencies who are firmly convinced that we have the resources necessary to develop such a center.

The decision was reached early in the preliminary discussions that a large general hospital would be the ideal keystone in the development of such a center. The advantages of close proximity between different departments, the mutual use of certain educational facilities, such as the medical library; the presence of close facilities such as out-patient services at the University Hospital and the development of other facilities in the same area, such as the public health department and the alcoholics hospital, all appeared ideal and with the erection of the new administration building for the medical school on an adjoining lot, the over-all development costs would not be as high.

Preliminary investigation and development of a projected hospital program indicated the need for approximately 800 beds. The legislature instructed the State Hospital Authority to issue $12,000,000.00 in revenue certificates to build and equip a general hospital at Augusta to be known as the EUGENE TALMADGE MEMORIAL HOSPITAL with its operation and control to be vested in the Georgia State Board of Health.

Architects and a hospital consultant were employed and after approximately two years of consultations and planning with the various agencies involved, plans are now complete and are ready to be advertised for bids as soon as revenue certificates are sold and funds obtained.

The final hospital programs have not been written but planning has proceeded along lines that will permit the following program to be developed over a period of time, if desired, but at the same time allowing the Board of Health and the Medical College to modify it as regards time and content as conditions indicate.

Patients from any county in Georgia will be eligible for admission if they do not have the resources necessary to care for their problems, provided that they are referred by a physician or a properly constituted agency charged with the responsibility of their medical care. While a small area for out-patient care is available, it is assumed that the great majority of all patients would be admitted to the hospital.
Diagnostic and treatment facilities will be described by department and since space will not permit a complete description of all the facilities and their potentialities for research, care, prevention, teaching, and particularly for the integration of the different services, the reader must assume that ingenuity will find many more opportunities for their use in the program than in this article.

The general hospital plan for the patient's care was developed functionally by placing on the first floor the operating rooms, x-ray, main kitchens, clinical and pathological laboratories, research laboratories, medical records, pharmacy and out-patient departments. On the second floor were placed offices, cafeterias, hydro and physiotherapy, central medical supplies and personnel. From the third thru the eighth are nursing units which are in the form of two crosses, four sections of equal length which are connected thru an auxiliary section which houses the central elevators, floor kitchens and offices for the medical staff, along with special facilities for the teaching of medical students during their clinical years. Each of the nursing units contains 64 beds, distributed with two 4-bedrooms and four 2-bedrooms to each of the four wings per unit.

The whole of the fifth floor will be devoted to internal medicine. In addition, there will be one-half of a floor (64 beds) which will be used for contagious diseases and will be shared by medicine and pediatrics, as the age of the patient dictates. There will also be 64 beds for the diagnosis and treatment of tuberculosis, thus two floors will be used for medicine and its closely allied specialties. Besides the ordinary equipment for patient care, unusual facilities will be a special metabolic kitchen, metabolism laboratory, constant-temperature room for study of peripheral circulation, cardioscope and many other investigative and teaching aides.

The value of integration between different programs is well illustrated by the facilities which will be available for the study and treatment of heart disease. Patients may be referred by Crippled Children's Division, Vocational Rehabilitation, or through regular channels. If under twelve years of age, the patient would be admitted to Pediatrics but there would be routine consultation with the Department of Internal Medicine and its Cardiology section. In addition to the help available from this section, the patient would also have the benefit of study by the Cardio-Pulmonary laboratory which is operated by the Departments of Physiology, Anesthesiology and Thoracic Surgery. The results of such studies and benefits obtained by treatment are shared
by the medical students, internes, residents, staff, and referring physician or agency.

On each floor there will be departmental libraries in the students' lounge, as well as a large conference room equipped with the latest audio-visual aids, including television reception from the operating room and post-mortem room. This will allow the students, internes and staff to spend most of their time on the floors where their patients are located, except for that amount of time which is necessary in outpatient or laboratory work, or in the operating room or x-ray department.

An equal amount of space will be allotted to general surgery and the surgical specialities. With twelve operating rooms, a recovery ward with sixteen beds, and with all the specialized equipment properly arranged for efficient functioning, it is assumed that this service will be adequate to handle all surgical problems in this group of patients and in addition, will furnish the most progressive teaching and research techniques available.

Psychiatric services will be available for 64 in-patients with special design features incorporated into and supplementing the basic nursing unit design. In the ancillary wing on the same floor will be the usual number of offices plus a seclusion section, treatment rooms for shock therapy and facilities for electroencephalography.

There will also be 64 beds available for the care of patients with tuberculosis, and it is expected that with the emphasis which is now being placed on surgery many of these patients will be admissions for short term stay only. The close association of the cardiopulmonary laboratory will also make possible the investigation of many clinical problems which now delay or postpone surgical treatment of tuberculosis.

One floor is designed for the care of orthopaedic patients, with one-half of the floor being especially designed for isolation so that a large number of beds can be assigned to this purpose when and if epidemic conditions should prevail. Respirators are stored on this floor and complete orthopaedic equipment is available for care of either acute or post-paralytic polio. A large department of hydro- and physiotherapy will operate in conjunction with this department and will contain a large pool, two Hubbard tanks, and 10 whirlpool baths, plus all the other accepted physical therapeutic gadgets.
Pediatrics will be placed on the eighth floor and provisions are included for the care of a large number of premature infants in addition to the regular service. It is only one floor above the section which will be used for polio, thus making a close integration of services between the two departments.

Gynecology will be located in the opposite nursing unit from pediatrics and, when added to the general surgery and surgical specialities will mean a provision for 256 beds. It is natural to assume that a large number of the patients on this service will be suffering from malignant diseases, which makes it appropriate to discuss here the provisions for the diagnosis and treatment of cancer. In addition to the routine x-ray and laboratory methods for diagnosis of cancer, there will be provisions for treatment by radium, surgery, radio-isotopes, conventional and supervoltage x-ray therapy. Patients will be admitted to the regular services with decisions as to therapy resting with the staff.

Obstetrics will be located on the ninth floor and there will be facilities for thirty patients. It is assumed that the majority of these patients will represent complicated problems in obstetric management and that the normal obstetrics will continue under the present "stork club" arrangement. To attempt admission of normal obstetrics in sufficient quantity for teaching purposes would require routine admission approximately two weeks early since most of the patients will come from considerable distances. There is, however, an urgent need for obstetrical beds for complications and in particular, to serve the rural areas where beds are not available, either for normal or complicated obstetrics. With the establishment of maternal hygiene clinics by the health department in the rural areas, needs have become individual rather than numerical symbols.

Thus far we have concerned ourselves primarily with a discussion of the medical and surgical care of the individual patient after being admitted to the hospital. It must be recognized early that this hospital, large as it be, will never meet the need for medical care for the medically indigent counties and the economically indigent patients of Georgia. As a consequence, there must be an extension program operating in many different fields and integrated with many different departmental programs of the state and local governments.

One of the most pressing of all medical programs is the continued shortage of physicians, nurses and technicians of all types. At the same time, there are few hospitals which can furnish all the facilities needed to train these persons. There are, however, many smaller hospitals which can furnish a large part of the experience necessary to
train a larger number of such persons, provided there is an affiliation with a larger hospital whereby their experience can embrace a more diversified and complete service in their particular field. An integrated residency program between smaller hospitals and the EUGENE TALMADGE MEMORIAL HOSPITAL will markedly increase the number of physicians who have completed an approved experience for specialty examination and licensure. The opportunities for extending this program into the fields of nursing, medical technology, x-ray technology, dietetics, medical social work and physiotherapy are almost unlimited. Facilities will be available in the hospital to carry out such a program and the demand for such personnel is so great that this is expected to be one of the major functions of the hospital.

The placing of an alcoholics hospital on the lot adjacent to the general hospital, brings one of the newer created agencies, the Commission on Alcoholism, into a close working relationship with the school and hospital, and should assure the development of a sound medical program by this agency.

In spite of the tradition of more than a century of service to this state in the development of practitioners and leaders in the field of medicine, this will be the first opportunity that the Medical College has had to display the type of leadership of which it is capable. The Georgia Department of Public Health, too, has an enviable record in service, but like the Medical College its programs have been hindered because there were not basic facilities for the development of a program which conditions demanded. Today there is the opportunity to develop a joint program between these two agencies which will surpass anything of similar nature yet developed. A common goal, a "Medical Center" for Georgia, offers a challenge greater than any undertaking that either agency has yet attempted, but with a sincere desire on the part of everyone to attain this goal, we should have no trouble in meeting the challenge.
BIRTHS

Dr. and Mrs. Thomas F. Lawless, '28, of Savannah, announce the birth of a daughter, Terri Elizabeth, on August 2, 1952. This is their first child and no doubt they are two very proud parents. The baby weighed nine pounds and one ounce.

DEATHS

Dr. A. H. Huckaby, who had practiced medicine in Griffin since 1905, died March 18th. Born in Douglas County, he moved to Griffin in his youth. He attended the Medical College of Georgia and graduated in 1905.

Dr. William James Rhodes, 94, died March 10th. at his home in Louisville after an extended illness. Until his death, he was the oldest living alumnus of the Medical College of Georgia and he was believed to be the oldest citizen of Louisville. A lifelong resident of that city, he was born in the old Bostick house, which is thought to be the oldest building standing in Louisville. He retired from practice several years ago.

Dr. Dell Cassidy Colson, 70, of Glenwood, died May 16 after an illness of several weeks. Born in Screven County, he was a 1914 graduate of the Medical College of Georgia and had practiced in Glenwood since that time.

Dr. Racy Hawkins Smith, of Lincolnton, died May 4th, of injuries received in an automobile collision near that city. He was born in Washington County and was graduated from the Medical College of Georgia in 1925. He began his practice in Lincolnton in 1932.

Dr. Elkin Vogt, 49, of Lithonia, died May 5th. of a heart attack. He was reared in Atlanta and graduated from both the University of Georgia and the Medical College of Georgia, the latter in 1939. Before establishing a practice in Lithonia in 1946, he was associated with Drs. Hal and T. C. Davison in Atlanta. Dr. Vogt was a member of Phi Beta Kappa and the American Academy of General Practice.

Dr. John J. Barton, 82, of Dublin, died July 8th. after a few months of ill health. A native of Wrens, Dr. Barton graduated from the Medical College of Georgia in 1896. He had been practicing for 61 years in Laurens County.

Dr. Tyrus Raymond Cobb, Jr. of Dublin died September 9th. at Palo Alto, California. Dr. Cobb, a native of Augusta, graduated from
the Medical College of Charleston, S. C., but interned at the University Hospital in Augusta. He had been engaged in practice for about nine years before being stricken with a fatal illness.

Mrs. John P. Hallinan, mother of Miss Mary Hallinan, Managing Editor of the PROCEEDINGS, died September 2nd, after a brief illness. She was the widow of John P. Hallinan, who for many years prior to his death in 1940 was Secretary and Treasurer at the University Hospital.

**GENERAL INTEREST**

Dr. Harold M. Smith, '39, Savannah, has been elected to fellowship in the American Academy of General Practice.

Dr. V. L. Bryant, '25, has been appointed Central of Georgia Railway Company surgeon for Wadley, succeeding the late Dr. J. D. Peacock. Dr. Bryant formerly was the company surgeon for Bartow.

Dr. Harry L. Cheves, '24, of Union Point, has been accredited as a senior fellow of the Southeastern Surgical Congress.

Dr. James B. Craig, '37, who has been practicing neuropsychiatry in Savannah since 1946, has accepted a position as associate professor of psychiatry at Ohio State University Medical School and assistant medical director of Columbus Receiving Hospital, the psychiatric institute for Ohio State. He reported for duty there on July 1st.

Dr. J. E. Griffith, '32 of Rockmart, has been named plant physician at the Lockheed Medical Center, Marietta. He succeeded Dr. E. A. Musarra, who resigned the office to return to private practice in Marietta.

Dr. Jesse M. McElveen, '02, of Brooklet, was honor guest at a reception held on May 11 at the Community House there, under the sponsorship of the Brooklet Kiwanis Club.

Dr. Gibson M. Pattillo, '50, formerly of Rossville, moved in May to Alma, where he will do general practice. His offices were only recently completed by Johnson's Pharmacy.

Dr. Harold W. Goldin, '47, who has been on active duty with the U. S. Air Force for the past 21 months, has resumed practice in Rockmart.

Dr. Billy Hardman, '43, of Gainesville, has moved to East Broad Street, in Gainesville where he will share offices with Dr. Barton McCrum.
Dr. H. H. McNeely, '46, and Dr. A. G. Singer of Toccoa have been appointed to directorships in the Toccoa area civil defense program. Dr. McNeely will serve as director of the Medical Services Branch and Dr. Singer as director of the Civil Defense Health Service.

Dr. Joseph M. Echols, '48, obstetrician and gynecologist, has opened offices at 623 Greene St., Augusta, Georgia, in the same building with Drs. William and A. George Thurmond, Walter G. Watson and C. Steve Mulherin.

Drs. C. S. Pittman and Carl Pittman, Jr., '42, of Tifton have moved into their new offices located at the corner of Tift Avenue and Tenth St. in Tifton.

Dr. Henry G. Carter, '50, of Decatur, announces the opening of his office for the practice of general medicine at 459 Candler Road, Decatur.

Dr. Faust Durden, '48, First Lieutenant, who was stationed at Fort Benning Station Hospital, has been assigned to duty in Tokyo. Dr. Durden is a native of Monroe, Ga.

Dr. Thomas J. Howard, '49, a Native Augustan has opened offices for general practice in the S. F. C. Building, Augusta.

Dr. J. A. Leaphart, '32, of Jesup, was recently given the William A. Murphy Award, an annual presentation to the most outstanding citizen of Wayne County. This is the second time a member of the profession has received the Murphy Award; last year it was presented posthumously to Dr. T. G. Ritch, who died in February of 1951.

Dr. James W. Purcell, '50, is associated with Dr. Henry E. Steadman of Hapeville, with offices at 3021 Stewart Avenue.

Dr. Bill Purcell, '50, and Dr. Charles Richards, 41, have opened new offices over the Calhoun Drug Co., in Calhoun, Georgia.

Dr. Glenn J. Bridges, '33, of Atlanta, announces the removal of his offices to 157 Forest Avenue, Atlanta, with a practice limited to urology.

Dr. Ovid B. Bush, '45, of Atlanta, was awarded a commendation by the UN Assistance Command for his work in Korea as a medical missionary at the Chonju Presbyterian Hospital which he directed. Dr. Bush is now a Resident on Medicine at the University Hospital in Augusta.
Dr. Fletcher Oland Garrison, '50, announces the opening of his offices in Demorest, Georgia, for the practice of general medicine and surgery.

Dr. William Harry Hill, '42, who is associated with Drs. Hal C. Miller and T. R. Staton in Atlanta, announces that they have moved their offices to the Howell House, 710 Peachtree St.

Dr. Bruce Schaefer and Dr. Robert Shiflet, '43, have moved into their new office building which will be called the Medical Arts Building in Toccoa, Georgia.

Two exhibits were sent from the Medical College of Georgia to the Southern Medical Convention in Miami, Nov. 10-13.

Dr. Robert B. Greenblatt's PRE AND POST OPERATIVE STUDY OF PATIENTS WITH CUSHING'S DISEASE AND ADRENOGENITAL SYNDROME.

Dr. Nieburg's CYTODIAGNOSIS OF FUNCTIONAL DISORDERS AND UTERINE CARCINOMA. A STUDY OF CELL MORPHOLOGY IN STAINED PREPARATIONS WITH THE PHASE MICROSCOPE.

On May 20, 1952, Dr. W. Stewart Flanagin received notice that he had passed his examinations and is now a member of the Board of Plastic Surgery.

Not only does the advent of the school year bring new faces to the student body, but likewise it is at this time that changes in the Faculty ranks are most likely made. This year is no exception. With the resignation of Dr. David A. Davis, Dr. A. Jack Waters was changed from Assistant Professor to Associate Professor of Anesthesiology. Dr. Waters is an alumnus of the Medical College of Georgia, having graduated from here in 1946.

Effective September 1, 1952 Dr. John H. Sherman conceded the Chair of Surgery to Dr. Robert C. Major. It is with pleasure that all welcome Dr. Major back to the campus, and even tho' we are sad to see Dr. Sherman resign, it is a consolation to know that he will remain with us on a part-time basis, thus affording the students and staff the benefit of his wealth of surgical knowledge.

Dr. D. F. Mullins, Jr., who has been named as Associate Professor of Pathology, received his undergraduate training and his M. D. degree from Emory University School of Medicine, the latter degree being
received in 1942. Following graduation, he was resident and instructor in Pathology at Emory at the time when Dr. Roy Kracke was head of that department. During the war years, Dr. Mullins served in the Medical Corps and was discharged in 1946 with the rank of Major. Since that time, he has held various positions in the field of Pathology at Louisiana State University, Athens General Hospital and St. Mary’s Hospital in Athens, Georgia. Also, he was consulting pathologist for the state hospital at Milledgeville.

Another newcomer to the faculty ranks is Dr. Edwin L. Rushia, who has been Assistant Professor of Anesthesiology since October 1, 1952. Dr. Rushia received his undergraduate training at Iowa State and has been an alumnus of New York University College of Medicine for a decade. Previous to his appointment here, he was Professor and Head of the Department of Anesthesiology at the University of Arkansas.

In the Department of Pathology, we also have another new member of the faculty. Dr. E. Val Hastings joined the staff October 1, 1952 as Assistant Professor. Even though Dr. Hastings comes from the 'very far North', he is not a total stranger to Augusta because he was stationed at Oliver General Hospital while he was in the service. He graduated from Marquette University School of Medicine in 1944, then served with the Armed Forces from 1946 to 1949. His experience in Pathology ranges from Instructor in Pathology at Marquette, to Assistant Director of Medical Laboratories, Milwaukee County Hospital until now he is Director of the Laboratory at St. Joseph’s Hospital and Consultant in Pathology at the Veterans Hospital in Augusta. He is certified by the American Board of Pathology in Pathologic Anatomy and Clinical Pathology.